PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/539705

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
|--|---|---|--|--|--------------|------------------|------------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| | | | (Column 1) | | (Cotumn 2) | | 7 | 7 | |) | OMALL I | |
| U.S. NATIONAL STAGE FEES | | | | | | • | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | E ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 3∞ |
| EXA | MINATION FE | Ε . | (4) = \$50/\$ | All other situal (4) = \$50 / \$ 100 \$ 100 / \$ | | | | EXAM. FEE | | | EXAM, FEE | 200 |
| SEA | RCH FEE | | U.S. is ISA = \$5 ALL other count \$ 200 / \$ 40 | untries = All other situations | | | | SEARCH FEE | | | SEARCH FEE | 160 |
| FEE | FOR EXTRA S | PEC. PGS. | minus | minus 100 = /5 | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| тот | AL CHARGEAE | BLE CLAIMS | 28 minu | • | ¥*; | | X \$ 25 = | | OR | X \$ 50 = | तार | |
| INDE | EPENDENT CL | AIMS | mir | | | | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PRE | ESENT | • | | | | + \$ 180 = | | OR | + \$ 360 = | · |
| • If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 1730 | |
| | | 01 41110 40 | AMENDED | | | • | | ` OTHER | | | | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL E | NTITY | OR | OTHER | |
| AMENDMENT A | \ \ \ | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUME PREVIO PAID I | BER JUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • 8 | Minus ' | • <u>2</u> | \Diamond | • | | X \$ 26 = | | OR | X \$ 50 = | |
| | Independent | • | Minus | 2 | | | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| · | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | | | | | |
| | | (Column 1) | , , | (Colun | | (Column 3) | , | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUME PREVIO | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus . | ** | | = | 1 | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | •. | Minus | *** | | . | 1 | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE | | | | | | | | | | | | |
| | | | • | | | | | | | | | |
| | if the color in cal- | ima 4 la lace ther th | e entry in column 2, | write "N" 1- | a codinana | | | • | | | | • |
| ** | If the "Highest No | umber Previously Pa | Id For IN THIS SPA | ACE is less | than 20 | r, enter "20". | | | | | | |
| | | | id For IN THIS SPA I For (Total or Inde | | | | nd in t | ne appropriate bo | x in column 1. | | | |